

# **CHAPTER 1**

## **FUNDING APPLICATION INSTRUCTIONS AND REQUIREMENTS**

### **Introduction**

This chapter contains the instructions and documents needed to apply for WIC funding and identifies other program requirements and information as follows:

1. How to prepare a funding application and budget;
2. How to appeal the denial of an application or decision to terminate a local agency's contract;
3. Caseload Management Requirements;
4. Nutrition Education and Breastfeeding Support expenditure requirements and Information Technology and Technical Support responsibilities;
5. WIC Federal award title and number.

## **I. FUNDING APPLICATION INSTRUCTIONS**

### **Funding Application Process and Required Documents**

The "Funding Application" is used to obtain information from applicants requesting to administer the WIC program via a contract with the Department of Health Services. The budget period corresponds with the federal fiscal year, October 1 through September 30. The State WIC Branch's goal is to process funding applications and execute contracts by October 1.

Applications are accepted from renewing local agencies and are due by a date specified by the State WIC Branch. New applicants may apply only when the State WIC Branch issues a Request For Application (RFA) to solicit WIC services in a specified area of California or to a specified target population.

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A complete "Funding Application" is required only once to establish the 3-year contract. Refer to the attachments in this chapter for required documents and additional instructions. The following items are required either with the funding application or annually, as shown below:

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<b>Required with Funding Application</b>	<b>Required Annually or if Applicable</b>
<ul style="list-style-type: none"> <li>Budget Worksheets for all three budget periods</li> </ul>	<ul style="list-style-type: none"> <li>Budget Worksheet for affected budget period (s) (only when the maximum amount payable is increased)</li> </ul>
<ul style="list-style-type: none"> <li>Personnel Justification Worksheet(s) for all three budget periods</li> </ul>	<ul style="list-style-type: none"> <li>Personnel Justification Worksheet(s) (when a new classification is added)</li> </ul>
<ul style="list-style-type: none"> <li>"Request for Authorization to Subcontract" if applicable (refer to Chapter 7 for instructions)</li> </ul>	<ul style="list-style-type: none"> <li>"Request for Authorization to Subcontract" (if applicable)</li> </ul>
<ul style="list-style-type: none"> <li>"Subcontract Worksheet" for all three budget periods if applicable (refer to Chapter 7)</li> </ul>	<ul style="list-style-type: none"> <li>"Subcontract Worksheet" (if applicable)</li> </ul>
<ul style="list-style-type: none"> <li>Local agency staff duty statements</li> </ul>	<ul style="list-style-type: none"> <li>Any effected and new local agency staff duty statements, when a new classification is added</li> </ul>
<ul style="list-style-type: none"> <li>Advance/Prospective Payment request letter if applicable (refer to Chapter 5 for instructions)</li> </ul>	<ul style="list-style-type: none"> <li>Advance payment request letter (if applicable)</li> </ul>

Required with Funding Application	Required Annually or if Applicable
<ul style="list-style-type: none"> <li>• Local agency organization chart</li> <li>• List of local agency Board of Directors (private nonprofit organizations only)</li> <li>• “Drug-free Workplace Certification”</li> <li>• “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Transactions”</li> <li>• “Payee Data Record” (STD 204)</li> <li>• “Contractor Certification Clauses” (CCC304)</li> <li>• “Certification Regarding Lobbying”</li> <li>• “Disclosure of Lobbying Activities” if involved in lobbying activities</li> </ul>	<ul style="list-style-type: none"> <li>• Key personnel changes for program directory (annually and five days prior to change)</li> <li>• Address changes (annually and five days prior to change)</li> <li>• Current site locations and business hours (annual confirmation of current data and five days prior to changing services.)</li> <li>• Local agency profile (annual update to existing profile), documents provided annually by regional staff.</li> </ul>

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### **Incomplete Funding Application**

In the event an incomplete or illegible “Funding Application” is received, the local agency will be notified. The State WIC Branch will resume processing the “Funding Application” after receiving all required information.

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## II. BUDGET WORKSHEET DESCRIPTION

### Budget Worksheet

The Budget Worksheet is the local agency's proposed distribution of the "Maximum Payable Amount" for each 12-month budget period. A Budget Worksheet must be submitted for each of the three budget periods. The budget breakdown consists of the following five line items: Personnel, Operating Expenses, Capital Expenditures (Equipment), Other Costs (Subcontracts), and Indirect Costs. A description of each line item component is included in this chapter.

### Budget Amounts

The "Maximum Payable Amount" includes the base funding for caseload, "Other WIC Services" and a reserve for future program needs (i.e., increases in caseload, additional projects, cost of living, etc. This reserve gives the State WIC Branch the ability to provide additional funds as needed to a local agency without going through the amendment process.) The approved "Maximum Payable Amount" budgets for each budget period are incorporated into the local agency's contract as "Exhibit B" attachments.

The "Authorized Funding Amount" is the portion of the "Maximum Payable Amount" that the State WIC Branch has authorized the local agency to spend for caseload and "Other WIC Services" through an award letter or the Authority to Spend process. The local agency now has the flexibility to spend these funds from any line item to provide WIC services **providing** the local agency does not exceed the total "Authorized Funding Amount" total or the total for each line item in the "Maximum Payable Amount" budget of the contract. If a local agency plans to exceed either of these, the local agency should contact their WIC regional advisor. Refer to Chapter 11 for information regarding Line Item Shifts.

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**Note: The local agency must follow the appropriate limitations with regard to Capital Expenditures, Subcontracts, Equipment, etc. when spending the “Authorized Funding Amount” to provide WIC services.**

Funds must be included on the Budget Worksheet line items for which there are anticipated costs. If there are no anticipated costs for a line item, enter a **zero** (“0”) for that line item. Each of the three Budget Worksheets may be different in that line item components for each budget period may increase or decrease due to one time expenses or changing needs.

Please review the sample completed Budget Worksheet at the end of this chapter, Attachment 1-3. A Budget Worksheet is also required for subcontracts of \$50,000 or more. Refer to Chapter 7 of the CMB for further information.

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### **Distribution Process**

The State WIC Branch will provide the Budget Worksheet form as an Excel file and e-mail it to each local agency so it can be completed electronically and e-mailed back to the regional advisor. A local agency may develop their own Budget Worksheets provided they follow the same format as the sample.

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### III. PERSONNEL JUSTIFICATION WORKSHEET DESCRIPTION

#### **Purpose**

The Personnel Justification Worksheet is designed as a source document for the budget worksheet and supports the scope of work so that the local agency WIC Director can establish staffing that achieves program and education goals described in the Nutrition Service Plan, as well as staffing criteria described in the WIC contract. A duty statement is required for each classification and it must be submitted with the funding application. A local agency may develop their own worksheet as long as it follows the sample format.

All personnel providing client services or supporting program operations who are paid out of direct costs must be identified in the worksheet. The State WIC Branch may deny some classification expenses if they violate Office of Management and Budget (OMB) circular instructions for cost allocations or allowable direct costs.

#### **Personnel Justification Worksheet Preparation**

Job classifications or titles used must be consistent with the duty statements provided with the "Funding Application." The Percent Full Time Equivalent (FTE) column represents the total number of FTE(s) to be allocated to each classification listed.

The "Maximum Annual Salary Per Classification" in column D represents the maximum annual full-time salary possible of one FTE position identified in column A.

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The local agency must ensure that adequate staff is budgeted and provide a narrative justifying how staffing levels meet the WIC program requirements, as outlined in the contract, CMB, and WIC Program Manual (WPM). An example of a completed Personnel Justification Worksheet is included as Attachment 1-6.

A local agency must budget only those positions (classifications) which perform direct services for the WIC program. Most positions dedicated to local agency administrative or indirect services should be budgeted in Line Item #5, Indirect Costs. Please refer to the OMB circulars for guidance in your agency's situation.

All Direct Costs for classifications on the Personnel Justification Worksheet that provide services to the WIC Program and other programs administered by the Contractor **shall be supported by time sheets, or payroll records for each pay period.** In addition, these positions shall be reflected in monthly or quarterly time studies as described in Chapter 12 of the CMB.

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### **Fringe Benefits**

This line item component displays the local agency's anticipated total fringe benefit costs for positions budgeted in Total Salaries and Wages.

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### **Duty Statements**

Duty statements are required for all classifications budgeted in Line Item #1, Personnel. The duty statement must include:

- Classification or job title,
  - description of WIC duties performed, (If submitting county classification job description, please add specific WIC duties performed by position)
  - time base, e.g., full-time, part-time, etc., and
  - percent of time spent on individual tasks.
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## Organization Chart

An organization chart is required and must include all positions shown on the Personnel Justification Worksheet. It must identify how the WIC program fits into the overall local agency's organization.

If the local agency is a private nonprofit organization, a list of the local agency's Board of Directors is required. The list must include the address and the board position for each director.

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## IV. LINE ITEM #1, PERSONNEL

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### Personnel Line Item Components

Line Item #1, **Personnel**, consists of two components:

**(a) Total Salaries and Wages:**

- regular salaries,
- pay differential, and overtime

**(b) Total Fringe Benefits:**

- medical benefits,
- cashed out vacation,
- workers' compensation,
- unemployment insurance, and
- disability insurance

Total Salaries and Wages displays the total amount for all budgeted positions and may include overtime or differential pay. "Total Salaries & Wages" must be itemized by classification on the personnel justification worksheet.

The sum of these two components represents the total shown in the project budget proposal for Line Item #1, **Personnel**.

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**Employee or  
Subcontractor  
Designation**

A local agency must determine whether or not staff are employees or subcontractors, for two reasons:

- to determine if submission of the Subcontract Worksheet and a "Request for Authorization to Subcontract" are necessary; and
- to comply with State/Federal statutes governing the collection of payroll taxes.

Refer to Section VII of this chapter, and Chapter 7, Subcontracts of the CMB for additional information.

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**V. LINE ITEM #2, OPERATING EXPENSES**

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**Operating Expense  
Components**

**Operating Expenses** is the sum of the following components:

**A. Equipment**

- Equipment costing less than \$5,000 per unit.

**B. All Other**

- **Travel costs**

Per diem costs, meal expenses, transportation, etc. For required committees, conferences, and staff training

- **Dues and Fees**

Dues for membership or fees for registration in a professional organization (if membership is reasonable and necessary to perform the job duties)

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- **Space Costs**

This component consists of the total monthly rent, or lease costs, and all associated space costs for all sites utilized by WIC staff members and participants. Rented storage space may also be included.

- **Office Supplies**

Office supplies include the tools needed to support office functions such as paper, filing systems, and desktop supplies.

- **Other Operating Expenses**

This component is comprised of expenses not easily attributable to other line items or line-item components. Examples include, but are not limited to: communications, insurance, printing/duplication, auditor expenses, staff training, outreach efforts, medical costs, general health education, and immunization promotion. Laboratory fees and Medical supplies (necessary to perform participant eligibility tests). Refer to Chapter 4, Allowable Costs, for additional information.

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## VI. LINE ITEM #3, CAPITAL EXPENDITURES

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### **Capital Expenditures Component**

Line Item #3, **Capital Expenditures**, displays the total of all anticipated major equipment purchases. The definition of major equipment is any item with a unit base cost of \$5,000 or more that has a useful life expectancy of one year or more. The total is entered on the **Total Capital Expenditure** line item 3 of the Budget Worksheet.

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Examples of equipment include, but are not limited to: telephone systems, vehicles, and copiers. Prior State WIC Branch approval is required for any capital expenditure requests.

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## **VII. LINE ITEM #4, OTHER COSTS**

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### **Subcontract Requests and Authorization**

This component identifies any subcontracts into which a local agency plans to enter. All components of a subcontract are required to comply with WIC contract requirements.

Costs for a contracted entity or person who meet the definition of a subcontractor must be written on the Subcontract Worksheet (Attachment 1-10), and must be budgeted in Line Item #4, Other Costs.

If multiple subcontractors are used, each must be identified separately on the Subcontract Worksheet. A local agency must complete a "Request for Authorization to Subcontract" form for each subcontract of \$5,000 or more.

All subcontracts of \$5,000 or more require prior review and written approval of actual subcontract documents. Authorization, in writing, is required from the State WIC Branch for any subcontract of \$5,000 or more prior to entering into a contract.

If budgeted funds for one subcontractor total \$50,000 or more, a separate Budget Worksheet for the subcontract is required. If the subcontract covers more than one budget period, a Budget Worksheet must be completed for each budget period.

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## VIII. LINE ITEM #5, INDIRECT COSTS

### Indirect Costs Components

Indirect Costs are derived from services (administrative or pools of technical services) that benefit multiple programs and therefore cannot be readily assigned to a specific direct cost objective or grant project. Indirect Costs must not exceed 10% of "Total Salaries and Wages" (Line Item 1, Personnel) excluding "Total Fringe Benefits."

- Private Nonprofit Organizations: Indirect Costs may include general administrative costs. Examples of Indirect Costs are: a local agency's director and office staff, payroll support, general accounting, and legal support.

Facility costs such as rent, operations and maintenance, and interest expenses that are not budgeted as direct Operating Costs (Line Item 2) may be budgeted as Indirect Costs Line Item 5. (Refer to Federal OMB circulars A-133 and A-122 for additional information regarding Indirect Costs for private nonprofit organizations.)

- Local Government Organizations: Indirect Costs may include: general accounting, personnel, purchasing, motor pool, insurance, and fringe benefits. (Refer to Federal OMB circulars A-133 and A-87 for additional information regarding Indirect Costs for local government organizations.)

### Cost Allocation Plan

All budgeted costs shall be supported by a Cost Allocation Plan. A local agency must develop a cost allocation plan to identify services to be provided and the methodology a local agency uses to attribute costs to more than one program, and substantiate claims for services provided for the reimbursement of Indirect Costs.

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Cost Allocation Plan must meet the requirements established in the OMB circular A-133.

Cost allocation plans are not submitted with the Funding Application, however, it must be retained on file for audit purposes, or for State WIC Branch's review. If requested, a local agency must submit its Cost Allocation Plan to the State WIC Branch within five (5) business days.

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## **IX. APPEAL PROCESS GUIDELINES**

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### **Policy**

A local agency may appeal the State WIC Branch's decision to deny a "Funding Application", "Request for Application" to be a local agency, or to terminate a local agency during the term of the contract. Expiration of the local agency contract is *not* subject to appeal. The basis for this policy is the Code of Federal Regulations (7 CFR 246.18).

### **Notification, Reporting Time Frame, and Appeals**

The Department of Health Services (DHS) shall provide to the local agency written notification of the action, outlining the causes and the effective date of the action, not less than 60 days prior to the effective date of the pending action. The notice shall state that the local agency has the opportunity to appeal the action in writing within 30 calendar days of receipt of the notice.

A local agency shall submit in writing any appeal of an action taken by the State WIC Branch. The appeal shall clearly state the following:

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1. the issues in dispute;
  2. the legal authority or other bases for the appeal; and
  3. the remedy sought.
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**Submit Appeals to:**

Department of Health Services  
Office of Administrative Hearings and Appeals  
1029 J Street, Suite 200  
Sacramento, CA 95814

The local agency shall also forward a copy of the appeal to the State WIC Branch, Contract Analyst, Local Agency Support Unit.

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**Deadline for Filing**

A local agency must file the request for an administrative appeal within 30 calendar days of the local agency's receipt of the State WIC Branch's written notification of the action being appealed.

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**Notice of Hearing**

Written notice of the time and place of the appeal hearing (both informal and formal) shall be mailed to the local agency at least 20 calendar days before the date of the hearing. This period may be shortened with the consent of both parties. The appeal hearing shall be held in Sacramento.

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**Rescheduling of Hearing**

Upon specific request, either party shall have one opportunity to reschedule the hearing. The hearing shall be rescheduled within 30 calendar days of the original hearing date. No other continuances shall be granted.

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**Postponement of Adverse Action Under Appeal**

If the local agency appeals the State WIC Branch's decision to disqualify the local agency during the term of the contract, the action shall be postponed until a hearing is held and a final decision rendered.

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If the appeal concerns the State WIC Branch's decision to deny a local agency's initial application to participate, the application is considered "pending" until the hearing decision is rendered.

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### **Continuing Responsibilities**

Appealing an adverse action does *not* relieve the local agency of the responsibility for continued compliance with the terms of the local agency contract with the State WIC Branch in effect at the time of the appeal.

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## **Hearing Procedures**

The DHS, Office of Administrative Hearings and Appeals operates a bi-level hearing process, consisting of Informal Hearings and Formal Hearings. The hearings are conducted in accordance with Federal Regulations and Provisions of the California Administrative Procedure Act (APA), Government Code: Section 11400 et seq.

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### **Informal Hearings**

A local agency may elect an Informal Hearing, or it can elect to go directly to a Formal Hearing. An Informal Hearing is conducted by a hearing officer who is a DHS Administrative Appeals Office staff member.

The purpose of the Informal Hearing is to provide an opportunity for the parties to resolve any of the disputed issues prior to or in lieu of a Formal Hearing. At the conclusion of the Informal Hearing, a Report of Findings is mailed to the appellant via certified mail. The Report of Findings includes notice that the appellant may appeal any issues that remain in dispute by requesting a Formal Hearing.

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**Formal Hearings**

The Formal Hearing is conducted in accordance with the procedural requirements of the federal regulations and the APA. It is conducted by an Administrative Law Judge (ALJ) and is a trial “*de novo*” (no consideration is given to any evidence or testimony given at the Informal hearing). At the conclusion of the final hearing, the ALJ will submit a prepared submission to the DHS Director or designee for adoption.

The decision is final upon adoption by the DHS Director. Copies of the final decision shall be mailed to the appellant and the representative of DHS.

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**Failure to Appear at the Formal Hearing**

An appeal is dismissed if the local agency fails to appear. The Notice of Dismissal will be mailed to the local agency. The Director may vacate any dismissal if the local agency submits an application in writing within ten calendar days after personal service or receipt of the dismissal showing good cause for failure to appear at the hearing. The parties will be given written notice of an order granting or denying any application to vacate a decision.

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**Judicial Review**

After a decision is adopted by the DHS Director and becomes final, the local agency shall have the right to pursue judicial review of the decision if the local agency is not in agreement.

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**X. CASELOAD MANAGEMENT REQUIREMENTS**

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**Caseload Performance Standard**

A local agency shall serve one hundred percent (100%) of the authorized caseload per month as stated in the Local Agency Award Letter. Failure to meet this requirement may result in a reduction in authorized caseload and funding.

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The State shall reduce the local agency's authorized caseload and funding if the local agency fails to meet the minimum caseload performance standard described below:

During the first six months of Federal Fiscal Year 2006, the minimum caseload performance standard is defined as follows:

- Ninety-seven percent for agencies that received a caseload increase effective April 1, 2005.
- Ninety-six percent for agencies that did not receive a caseload increase effective April 1, 2005.

Thereafter, beginning in May 2006, the minimum caseload performance standard for all local agencies shall be 97 percent of their authorized caseload.

The State reserves the right to adjust the minimum performance standard annually (or more frequently when needed) as stated in the local agency contract, Exhibit A: Scope of Work.

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### **Caseload Monitoring Period**

The State WIC Branch monitors local agency caseload monthly throughout the 12-month monitoring period (which begins in May of each year and ends the following April). The State evaluates caseload performance at the end of the 12-month monitoring period.

Any caseload and funding reductions are effective October 1 of the subsequent budget period. The interim period allows the local agency time to notify management and adjust their budget and staff accordingly. The State reserves the right to adjust the duration and time of year of the monitoring period.

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**Caseload Reductions  
and Notification**

The State WIC Branch has discretion in determining the most appropriate degree of caseload reduction. Generally, the new performance percentage represents 100 percent of the new authorized caseload level. For example, beginning in May 2006, an agency's caseload reduction would be calculated by reducing their authorized caseload until their actual participation is 100 percent of a new caseload number. The difference between the two caseload numbers would be the actual reduction, rounded to the nearest 25.

In the first quarter of each budget period, generally in December and continuing through March, the State WIC Branch may send out a courtesy letter to the Primary WIC Program Contact and agency liaison, advising them about their low caseload performance.

The State WIC Branch sends out notification to local agencies regarding caseload and funding reductions by local agency award letter approximately 120 days prior to the beginning of the following budget period.

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**Potential Exceptions**

The State WIC Branch has discretion in determining caseload reductions and may grant exceptions due to extraordinary circumstances or environmental situations that affect the agencies ability to operate and deliver program services.

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## **XI. NUTRITION EDUCATION AND BREASTFEEDING SUPPORT EXPENDITURE REQUIREMENTS**

### **Nutrition Education and Support Expenditure Requirements**

Nutrition Education consists of expenditures which are 100 percent attributable to nutrition education. The expenditures consist of total personnel services expenses (determined by monthly or quarterly time studies) and total operating expenses designated to nutrition education activities.

Nutrition Education is defined as “Individual or group education sessions; and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health. This is done in keeping with the individual’s personal, cultural, and socioeconomic preferences”, (7 CFR 246.2).

The State WIC Branch is required to expend a minimum of 1/6 (or approximately 18 percent) of the total State contract expenditures on nutrition education activities per 7 CFR 246.14. This includes all local agency spending. To determine what percent of contract expenditures your local agency spent last year on nutrition education activities, look at last year’s DHS 4101 Worksheet under Total Federal Fiscal Year Expenditures by Functional Category – Nutrition Education –last row in the column.

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### **Breastfeeding Promotion and Support Expenditure Requirements**

Breastfeeding promotion and support is defined as “Strategies, initiatives, and services that increase and advance the initiation and continuation of breastfeeding among WIC participants.”

The State WIC Branch is required to expend a minimum of \$27.40 (per pregnant and/or breastfeeding participant) on breastfeeding promotion activities, per 7 CFR 246.14. This figure is for FFY 2005 and changes annually.

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To calculate what your local agency spent last year on breastfeeding promotion and support activities per pregnant and/or breastfeeding participant, follow these steps:

- a) Add the previous year's May, June, and July participation totals for pregnant **and** breastfeeding participants. Divide this total by three to get the average number of pregnant and breastfeeding participants during this three-month period.
- b) Identify how much your local agency spent on breastfeeding promotion and support last year. Find this figure in last year's DHS 4101 Worksheet under Total Federal Fiscal Year Expenditures by Functional Category – Breastfeeding Promotion and Support – Use the Total Annual Expenditures. This total consists of total personnel services expenses (determined by monthly or quarterly time studies) and total operating expenses designated to breastfeeding promotion and support activities.
- c) Divide the dollar amount spent on breastfeeding promotion and support (identified in b) by the average number of pregnant and breastfeeding participants (identified in a) to get what your local agency spent per pregnant and/or breastfeeding participant.

Expenditures which are 100% directly attributable to breastfeeding promotion and support, and nutrition services can be charged to any appropriate Line Item.

Subcontract costs that are related to the above services which meet the definition of a subcontractor must be budgeted in Line Item #4, Other Costs.

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## **XII. INFORMATION TECHNOLOGY AND TECHNICAL SUPPORT SERVICES**

### **Local Agency Responsibility**

Technology is the enabling infrastructure for conducting WIC business. Each local agency is responsible for the implementation and ongoing support of its wide area network (WAN) infrastructure and devices within that network. Each government or private nonprofit local agency has an entry point to their local network from the State. This entry point is called a Point of Presence (POP). This POP marks the responsibility demarcation. The State is responsible for telecom, hardware and security on the State side of this network. The local agency is responsible for the telecommunications, hardware and security on the local side of this POP. The local agency shall secure local information technology support services and infrastructure to ensure the following:

- A. Provide technical support consistent with Transmission Control Protocol/Internet Protocol (TCP/IP) technical environment;
  - 1. Allow workstations and other WIC devices to be able to communicate via TCP/IP through the state router in order to access WIC resources in the state network.
  - 2. Allow printers and other WIC devices to be able to receive TCP/IP communication through the state router from resources in the state network
- B. Support implementation and maintenance of WIC technology activities;
  - 1. Work with the local agency and the State of California to place for and then implement the infrastructure and devices needed for WIC business to be performed.

Maintain the workstations, printers, and TCP/IP equipment that from the WAN infrastructure or any other end user TCP/IP device so that WIC business can be performed.

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C. Provide TCP/IP network troubleshooting and timely support for WIC site operations;

1. Isolate TCP/IP communication problems down to the faulty hardware or configuration issue in a timely manner so that WIC business can be performed.
2. Work with the State of California Information Technology staff when trying to determine if TCP/IP communication problems are local or in the state network.

D. Provide maintenance and support for hardware/software used in WIC operations;

1. Install, maintain and configure the operation systems, device drivers and applications software used by WIC staff when performing WIC operations.
2. If a problem is determined to be software or hardware that is not performing as expected, interface with the technical support staff of the manufacturer to resolution.

E. Ensure proper security of local network systems and WIC data;

1. Ensure that the devices in the local agency's network are protected from hackers, and viruses or any other security vulnerability through the use of virus protection software, hardware or software that restrict TCP/IP communications, or any other tool that may be needed to protect WIC devices on the network.
  2. Encrypting network communications with a minimum of 128 bit encryption should be done wherever necessary. Network communications should certainly be encrypted when data traverses wireless networks and/or the internet.
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### **XIII. WIC FEDERAL AWARD TITLE AND NUMBER**

**Catalog of Federal  
Domestic Assistance  
(CFDA) Number**

The U.S. Department of Agriculture, Food and Nutrition Service Division, is the Federal agency that funds the Special Supplemental Food Program for Women, Infants, and Children in California, through the California Department of Health Services.

The official WIC Program number assigned by the Catalog of Federal Domestic Assistance (CFDA) is 10.557. The CFDA number is required typically in financial statements and relevant program documents.

### **XIV. AVAILABLE RESOURCES**

**OMB Circulars**

The local agency is responsible for complying with all applicable federal and state regulations and circulars. OMB cost principle circulars specifically outline allowable costs and should be used as a reference. State laws and regulations, and State WIC Branch policies may further restrict federally allowable costs.

Federal regulations regarding grant management are outlined in the Federal Grants Management Handbook. The State WIC Branch recommends that the local agency access the handbook as it contains the OMB circulars previously described. To obtain the handbook and to receive monthly updates and revisions contact:

Thompson Publishing Group  
Subscription Service Center  
P. O. Box 26185  
Tampa, FL 33623  
1-800-677-3789

[www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars)

## XV. ATTACHMENTS

### Attachments

Attachments for Chapter 1 to follow this page.

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# **WOMEN, INFANTS, AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM**

## **FUNDING APPLICATION**

**FEDERAL FISCAL YEARS 2006, 2007, 2008  
EFFECTIVE OCTOBER 1, 2005 – SEPTEMBER 30, 2008**

## **INSTRUCTIONS FOR COMPLETING THE FUNDING APPLICATION**

1. Please ensure the Funding Application and attachments are complete prior to submitting documents to the State WIC Branch.
2. Submit one signed copy.
3. If additional space is needed to complete any portion of the application documents, please attach an additional sheet of paper and identify it by including the agency name and title of the required document at the top of the page.
4. The Funding Application and attachments must be submitted by the date indicated in the award letter to:

WIC Supplemental Nutrition Branch  
Local Agency Support Unit  
Contract Analyst  
3901 Lennane Drive  
Sacramento, CA 95834

5. Failure to submit a completed Funding Application package by the due date will result in a delay of the execution of your FFYs 2006 - 2008 WIC contract.
6. Please refer to Attachment 1-2 for checklist of the required application documents.

**FUNDING APPLICATION  
FFY's 2006-08**

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**LEGAL NAME OF AGENCY**

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**STREET ADDRESS**

**CITY**

**ZIP**

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**MAILING ADDRESS (If different from street address)**

**CITY**

**ZIP**

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**TYPE OF AGENCY**

- ☐ PRIVATE NONPROFIT  
☐ LOCAL GOVERNMENT

**FEDERAL I.D. NO.**

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**EXTENSION OF ELIGIBILITY NOTIFICATION PERIOD**

Federal Regulation 7 CFR Part 246.7(f) (2) (A) requires that pregnant women eligible as Priority I participants, and migrant farm workers and their family members be notified of their eligibility or ineligibility within 10 days of the application date. However, State agencies may provide for an extension of the notification period to a maximum of 15 days upon receipt of written request from a local agency.

Please indicate below if your agency plans to request authorization to extend the 10 day notification period to 15 days. Please submit your request in writing to the State WIC Branch.

☐ YES

☐ NO

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**STATE USE ONLY**

Date Received:	Approval Signature
Date Approved:	

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**Languages spoken by participants and staff**

- A. The contractor must ensure that appropriate bilingual staff and resources are available to serve non-English speaking applicants and participants. List below all languages (other than English) that are spoken by participants. List the total number and percentage of participants speaking each language; and the number of full-time equivalent (FTE) agency staff fluent in each language.

Languages spoken	Number of Participants	Percent of Total Caseload	Number of FTE WIC Staff Fluent in Language

- B. If volunteers or non-WIC agency staff members routinely provide translation services, explain below and include the FTE contributed by each volunteer or non-WIC staff.

- C. Explain how existing access to bilingual staff is adequate or explain what you plan to do to improve your services.

## FUNDING APPLICATION AUTHORIZATION

I, \_\_\_\_\_, the undersigned, hereby affirm the following:

- The statements contained in the Funding Application and all supporting documents are true and complete, to the best of my knowledge;
- The Contractor will comply with applicable State and Federal requirements, policies, standards, and regulations;
- The Contractor has current status as a nonprofit organization (for non-governmental agencies);
- The Contractor will expend at least the required minimum amount on nutrition education activities, and breastfeeding promotion related activities;
- I certify that I have the authority to apply for State funds;

The Funding Application and all supporting documents submitted to the WIC Branch are public documents, open to public inspections, and any revisions must be made in writing to the State WIC Branch.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

## WIC FUNDING APPLICATION REQUIRED DOCUMENTS

Listed below are all documents required as part of the Funding Application. Place a check mark in the "YES" column if the document is completed and is being submitted with your application. If the item listed does not pertain to your agency, place a check mark in the "N/A" (not applicable) column.

	<u>YES</u>	<u>N/A</u>
1. Application Form (Attachment 1-1)	<input type="checkbox"/>	<input type="checkbox"/>
2. "California WIC Program – Budget Worksheets" for all three budget years (Attachments 1-3 thru 1-5)	<input type="checkbox"/>	<input type="checkbox"/>
3. "California WIC Program – Personnel Justification Worksheet" for all three budget years (Attachments 1-7 thru 1-9) and (Attachments 1-7a thru 1-9a Supplement)	<input type="checkbox"/>	<input type="checkbox"/>
4. Subcontract Worksheet for all three years (if applicable) (Attachments 1-10 thru 1-12)	<input type="checkbox"/>	<input type="checkbox"/>
5. Local agency staff duty statements for each classification/job title budgeted	<input type="checkbox"/>	<input type="checkbox"/>
6. "Agency Organization Chart"	<input type="checkbox"/>	<input type="checkbox"/>
7. List of Agency Board of Directors, if a private nonprofit organization	<input type="checkbox"/>	<input type="checkbox"/>
8. "Drug-free Workplace Certification" (Attachment 1-13)	<input type="checkbox"/>	<input type="checkbox"/>
9. "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Transactions" (Attachment 1-14)	<input type="checkbox"/>	<input type="checkbox"/>
10. "Payee Data Record" (STD 204) (Attachment 1-15)	<input type="checkbox"/>	<input type="checkbox"/>
11. "Contractor Certification Clauses" (CCC-304) (Attachment 1-16)	<input type="checkbox"/>	<input type="checkbox"/>
12. "Certification Regarding Lobbying" (Attachment 1-17)	<input type="checkbox"/>	<input type="checkbox"/>
13. "Disclosure of Lobbying Activities", (if applicable) (Attachment 1-18)	<input type="checkbox"/>	<input type="checkbox"/>
14. "Advance Payment Request Letter", (if applicable) instructions in Chapter 5 (Attachment 1-19)	<input type="checkbox"/>	<input type="checkbox"/>
15. "Request for Authorization to Subcontract", (if applicable), form in Chapter 7 (Attachment 1-20)	<input type="checkbox"/>	<input type="checkbox"/>
16. Service Area change proposal (Local Agency's own format)	<input type="checkbox"/>	<input type="checkbox"/>

# EXAMPLE

## Funding Summary Year 1 10/01/05 - 09/30/06

	A	B	C
<u>Allocated Categories</u>	Maximum Amount	Authorized Amount	Unauthorized Amount
Caseload Allocation	19,100	18,025	1,075
	Maximum Payable Amount *	Authorized Funding Amount	Unauthorized Funding Amount **
Funding Allocation	\$ 2,422,777	\$ 2,214,984	207,793

(\*) Maximum Payable Contract Amount includes base funding and a reserve for caseload increases and other purposes.

(\*\*) Unauthorized funding amount must be approved via the Authority to Spend process.

## Budget Worksheet FFY 10/01/05 - 09/30/06

Budget Line Item	A	B	C
	Maximum Payable Amount	Authorized Funding Amount	Unauthorized Funding Amount
(a) Total Salaries and Wages:	\$ 1,264,500	\$ 1,250,000	
(b) Total Fringe Benefits:	\$ 500,000	\$ 415,000	-
1. Personnel	\$ 1,764,500	\$ 1,665,000	-
2. Operating Expenses	\$ 425,000	\$ 367,207	
3. Capital Expenditures	\$ -	\$ -	-
4. Other Costs	\$ -		-
Subcontract	\$ 72,777	\$ 72,777	-
5. Indirect Costs	\$ 160,500	\$ 110,000	-
Total Budget:	\$ 2,422,777	\$ 2,214,984	\$ 207,793

# EXAMPLE

## Funding Summary Year 2 10/01/06 - 09/30/07

	A	B	C
<u>Allocated Categories</u>	Maximum Amount	Authorized Amount	Unauthorized Amount
Caseload Allocation	19,100	18,025	1,075
	Maximum Payable Amount *	Authorized Funding Amount	Unauthorized Funding Amount **
Funding Allocation	\$ 2,422,777	\$ 2,214,984	207,793

(\*) Maximum Payable Contract Amount includes base funding and a reserve for caseload increases and other purposes.

(\*\*) Unauthorized funding amount must be approved via the Authority to Spend process.

## Budget Worksheet FFY 10/01/06 - 09/30/07

Budget Line Item	A Maximum Payable Amount	B Authorized Funding Amount	C Unauthorized Funding Amount
(a) Total Salaries and Wages:	\$ 1,264,500	\$ 1,350,000	
(b) Total Fringe Benefits:	\$ 500,000	\$ 415,000	-
1. Personnel	\$ 1,764,500	\$ 1,765,000	-
2. Operating Expenses	\$ 425,000	\$ 267,207	-
3. Capital Expenditures	\$ -	\$ 47,777	-
4. Other Costs	\$ -		-
Subcontract	\$ 72,777	\$ 25,000	-
5. Indirect Costs	\$ 160,500	\$ 110,000	-
Total Budget:	\$ 2,422,777	\$ 2,214,984	\$ 207,293



# EXAMPLE

## Funding Summary Year 3 10/01/07 - 09/30/08

	A	B	C
<u>Allocated Categories</u>	Maximum Amount	Authorized Amount	Unauthorized Amount
Caseload Allocation	19,100	18,025	1,075
	Maximum Payable Amount *	Authorized Funding Amount	Unauthorized Funding Amount **
Funding Allocation	\$ 2,422,777	\$ 2,214,984	207,793

(\*) Maximum Payable Contract Amount includes base funding and a reserve for caseload increases and other purposes.

(\*\*) Unauthorized funding amount must be approved via the Authority to Spend process.

## Budget Worksheet FFY 10/01/07 - 09/30/08

Budget Line Item	A	B	C
	Maximum Payable Amount	Authorized Funding Amount	Unauthorized Funding Amount
(a) Total Salaries and Wages:	\$ 1,264,500	\$ 1,350,000	
(b) Total Fringe Benefits:	\$ 500,000	\$ 437,777	-
1. Personnel	\$ 1,764,500	\$ 1,787,777	
2. Operating Expenses	\$ 425,000	\$ 267,207	-
3. Capital Expenditures	\$ -	\$ 25,000	-
4. Other Costs	\$ -		-
Subcontract	\$ 72,777	\$ 25,000	-
5. Indirect Costs	\$ 160,500	\$ 110,000	-
Total Budget:	\$ 2,422,777	\$ 2,214,984	\$ 207,293

**PERSONNEL JUSTIFICATION WORKSHEET**  
OCTOBER 1, 2005 - SEPTEMBER 30, 2006, YEAR 1

Contractor: NAME

A Agency Job Classification or Job Title	B Number of Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	C Total actual classification expenses (actual total budgeted for all FTE in each classification).	D Maximum Annual Salary for one FTE in each classification
Public Health Administrator I	1.0	\$68,504.00	\$70,000.00
Public Aide I/II	3.5	\$57,100.00	\$29,300.00
Clerk I/II	3.0	\$52,930.00	\$30,000.00
Similar classifications grouped			
		Total: \$178,534.00	

**EXAMPLE**

An accurate duty statement must be included with the funding application for each job classification. Describe how your staffing of registered dietitians is sufficient to meet WIC program requirements to provide high risk client services, etc. outlined in the contract Scope of Work, Exhibit A. Include how staffing allows adequate administrative time to develop and administer the nutrition components of the Nutrition Services Plan including staff training. Attach additional pages to this form and name it "Attachment 1-7a (or 8a or 9a) Supplement."

(1) Total Salaries and Wages Column C Total (transfer to Budget Worksheet)	\$ 178,534.00
(2) Total Fringe Benefits (calculate separately) (transfer to Budget Worksheet)	\$ 84,016.00
Total Personnel (1+2) (transfer to Line #1 of the Budget Worksheet)	\$ 262,550.00

**PERSONNEL JUSTIFICATION WORKSHEET**  
OCTOBER 1, 2005 - SEPTEMBER 30, 2006, YEAR 1

Contractor: NAME

<b>A</b> Agency Job Classification or Job Title	<b>B</b> Number of Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	<b>C</b> Total actual classification expenses (actual total budgeted for all FTE in each classification).	<b>D</b> Maximum Annual Salary for one FTE in each classification
		Total:	

An accurate duty statement must be included with the funding application for each job classification. Describe how your staffing of registered dietitians is sufficient to meet WIC program requirements to provide high risk client services, etc. outlined in the contract Scope of Work, Exhibit A. Include how staffing allows adequate administrative time to develop and administer the nutrition components of the Nutrition Services Plan including staff training. Attach additional pages to this form and name it "Attachment 1-7a Supplement."

(1) Total Salaries and Wages Column C Total (transfer to Budget Worksheet)	\$
(2) Total Fringe Benefits (calculate separately) (transfer to Budget Worksheet)	\$
Total Personnel (1+2) (transfer to Line #1 of the Budget Worksheet)	\$

**PERSONNEL JUSTIFICATION WORKSHEET**  
OCTOBER 1, 2006 - SEPTEMBER 30, 2007, YEAR 2

Contractor: NAME

<b>A</b> Agency Job Classification or Job Title	<b>B</b> Number of Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	<b>C</b> Total actual classification expenses (actual total budgeted for all FTE in each classification).	<b>D</b> Maximum Annual Salary for one FTE in each classification
		Total:	

An accurate duty statement must be included with the funding application for each job classification. Describe how your staffing of registered dietitians is sufficient to meet WIC program requirements to provide high risk client services, etc. outlined in the contract Scope of Work, Exhibit A. Include how staffing allows adequate administrative time to develop and administer the nutrition components of the Nutrition Services Plan including staff training. Attach additional pages to this form and name it "Attachment 1-8a Supplement."

(1) Total Salaries and Wages Column C Total (transfer to Budget Worksheet)	\$
(2) Total Fringe Benefits (calculate separately) (transfer to Budget Worksheet)	\$
Total Personnel (1+2) (transfer to Line #1 of the Budget Worksheet)	\$

**PERSONNEL JUSTIFICATION WORKSHEET**  
OCTOBER 1, 2007 - SEPTEMBER 30, 2008, YEAR 3

Contractor: NAME

<b>A</b> Agency Job Classification or Job Title	<b>B</b> Number of Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	<b>C</b> Total actual classification expenses (actual total budgeted for all FTE in each classification).	<b>D</b> Maximum Annual Salary for one FTE in each classification
		Total:	

An accurate duty statement must be included with the funding application for each job classification. Describe how your staffing of registered dietitians is sufficient to meet WIC program requirements to provide high risk client services, etc. outlined in the contract Scope of Work, Exhibit A. Include how staffing allows adequate administrative time to develop and administer the nutrition components of the Nutrition Services Plan including staff training. Attach additional pages to this form and name it "Attachment 1-9a Supplement."

(1) Total Salaries and Wages Column C Total (transfer to Budget Worksheet)	\$
(2) Total Fringe Benefits (calculate separately) (transfer to Budget Worksheet)	\$
Total Personnel (1+2) (transfer to Line #1 of the Budget Worksheet)	\$

SUBCONTRACT WORKSHEET	
OCTOBER 1, 2005 - SEPTEMBER 30, 2006, YEAR 1	
Contractor: <u>NAME</u>	
Subcontractor(s) Name(s)	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Subcontract(s)	\$
(Transfer Subcontract total to Line #4 of the Project Budget Proposal worksheet)	

SUBCONTRACT WORKSHEET OCTOBER 1, 2006 - SEPTEMBER 30, 2007, YEAR 2	
Contractor: _____	
<b>Subcontractor(s) Name(s)</b>	<b>Amount</b>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
<b>Total Subcontract(s)</b>	<b>\$ _____</b>
(Transfer Subcontract total to Line #4 of the Project Budget Proposal worksheet)	

SUBCONTRACT WORKSHEET OCTOBER 1, 2007 - SEPTEMBER 30, 2008, YEAR 3	
Contractor: _____	
<b>Subcontractor(s) Name(s)</b>	<b>Amount</b>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
<b>Total Subcontract(s)</b>	<b>\$ _____</b>
(Transfer Subcontract total to Line #4 of the Project Budget Proposal worksheet)	



STATE OF CALIFORNIA

**DRUG-FREE WORKPLACE CERTIFICATION**

STD. 21 (12/93)

*I, the official named below, hereby swear that I am duly authorized legally to bind the prospective bidder, contractor or grant recipient to the certification described below. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.*

COMPANY / ORGANIZATION NAME:

OFFICIAL'S NAME:

DATE EXECUTED:

EXECUTED IN THE COUNTY OF:

CONTRACTOR or GRANT RECIPIENT SIGNATURE:

TITLE:

FEDERAL ID NUMBER:

The firm named above hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
  - (a) The dangers of drug abuse in the workplace,
  - (b) The person's or organization's policy of maintaining a drug-free workplace,
  - (c) Any available counseling, rehabilitation and employee assistance programs, and
  - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
  - (a) Will receive a copy of the company's drug-free workplace policy statement, and
  - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

At the election of above named firm, from and after the "Date Executed" and until \_\_\_\_\_ (not to exceed 36 months), the Department of Health Services (DHS) will regard this certificate as valid for all contracts or grants entered into between the above named firm and DHS without requiring the above named firm to provide a new and individual certificate for each contract or grant. If the above named firm elects to fill in the blank date, then the terms and conditions of this certificate shall have the same force, meaning, effect and enforceability as if a certificate were separately, specifically, and individually provided for each contract or grant between the above named firm and DHS.

## **CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER TRANSACTIONS**

This certification is required by the U.S. Department of Agriculture regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733).

### **(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
IFB Number

**Instructions for Certification**

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transaction and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

State of California—Department of Health Services

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

<b>1</b>	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. <b>NOTE:</b> Governmental entities, federal, state, and local (including school districts), are not required to submit this form.								
<b>2</b>	PAYEE'S LEGAL BUSINESS NAME (Type or Print) _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 50%;">E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS</td> <td>BUSINESS ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS	BUSINESS ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS								
MAILING ADDRESS	BUSINESS ADDRESS								
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE								
<b>3</b>	PAYEE ENTITY TYPE  CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> — <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <b>PARTNERSHIP</b>   <input type="checkbox"/> <b>ESTATE OR TRUST</b>   <input type="checkbox"/> <b>INDIVIDUAL OR SOLE PROPRIETOR</b>            ENTER SOCIAL SECURITY NUMBER: <span style="border: 1px solid black; padding: 0 5px;">  </span><span style="border: 1px solid black; padding: 0 5px;">  </span><span style="border: 1px solid black; padding: 0 5px;">  </span> — <span style="border: 1px solid black; padding: 0 5px;">  </span><span style="border: 1px solid black; padding: 0 5px;">  </span> — <span style="border: 1px solid black; padding: 0 5px;">  </span><span style="border: 1px solid black; padding: 0 5px;">  </span><span style="border: 1px solid black; padding: 0 5px;">  </span><span style="border: 1px solid black; padding: 0 5px;">  </span><span style="border: 1px solid black; padding: 0 5px;">  </span><span style="border: 1px solid black; padding: 0 5px;">  </span>            (SSN required by authority of California Revenue and Tax Code Section 18646)         </div> <div style="width: 50%;"> <b>CORPORATION:</b>  <input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.)  <input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services)  <input type="checkbox"/> <b>EXEMPT</b> (nonprofit)  <input type="checkbox"/> <b>ALL OTHERS</b> </div> </div>		<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.					
<b>4</b>	PAYEE RESIDENCY TYPE	<input type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 20px;"> <input type="checkbox"/> No services performed in California.  <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.         </div>							
<b>5</b>	<b>I hereby certify under penalty of perjury that the information provided on this document is true and correct.</b> <b>Should my residency status change, I will promptly notify the State agency below.</b>								
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		TITLE							
SIGNATURE		DATE	TELEPHONE (    )						
<b>6</b>	<b>Please return completed form to:</b>  Department/Office: _____  Unit/Section: _____  Mailing Address: _____  City/State/ZIP: _____  Telephone: (    ) _____ FAX: (    ) _____  E-Mail Address: _____								

State of California—Department of Health Services

# **PAYEE DATA RECORD**

STD. 204 (Rev. 6-2003) (Page 2)

<b>1</b>	<p><b>Requirement to Complete Payee Data Record, STD. 204</b></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>
<b>2</b>	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
<b>3</b>	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
<b>4</b>	<p><b><u>Are you a California resident or nonresident?</u></b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section:      1-888-792-4900      E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call:      1-800-822-6268      Website: www.ftb.ca.gov</p>
<b>5</b>	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
<b>6</b>	<p>This section must be completed by the State agency requesting the STD. 204.</p>
<p><b>Privacy Statement</b></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>	

CCC-304

**CERTIFICATION**

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

**CONTRACTOR CERTIFICATION CLAUSES**

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)

4. UNION ORGANIZING: Contractor hereby certifies that no request for reimbursement, or payment under this agreement, will seek reimbursement for costs incurred to assist, promote or deter union organizing.

5. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO

REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

6. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

7. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

8. DOMESTIC PARTNERS: Commencing on July 1, 2004 Contractor certifies that it is in compliance with Public Contract Code section 10295.3 with regard to benefits for domestic

partners. For any contracts executed or amended, bid packages advertised or made available, or sealed bids received on or after July 1 2004 and prior to January 1, 2007, a contractor may require an employee to pay the costs of providing additional benefits that are offered to comply with PCC 10295.3.

## **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (PCC 10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (PCC 10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (PCC 10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (PCC 10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis



of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

**STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES**

**CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of \$100,000 or more, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Printed Name of person Signing for Contractor

\_\_\_\_\_  
Contract/Grant Number

\_\_\_\_\_  
Signature of Person Signing for Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

After execution by or on Behalf of Contractor, please return to:

Department of Health Services  
(Name of the DHS program providing the funds)  
P.O. Box 942732  
714 P Street  
Sacramento, CA 94234-7320

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. material change For Material Change Only:  Year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity:  <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, If known: _____			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:  Congressional of District, If known: _____		
6. Federal Department/Agency:			7. Federal Program Name/Description:  CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known:		
10. a. Name and Address of Lobbying Entity (If individual, last name, first name, MI):  <div style="text-align: center;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>			b. Name and Address of Lobbying Entity (If individual, last name, first name, MI):  <div style="text-align: center;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>		
11. Amount of Payment (check all that apply):  \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned			13. Type of Payment (check all that apply):  <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other, specify: _____		
12. Form of Payment (check all that apply):  <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind, specify:     Nature _____ Value _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including Officer(s), Employee(s), or Member(s) Contacted, for Payment indicated in item 11:   <div style="text-align: center;">(Attach Continuation Sheet(s) SF-LLL-A, if necessary)</div>					
15. Continuation Sheet(s) SF-LLL-A Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Information requested through this form is authorized by Title 31, U.S.C., Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to Title 31, U.S.C., Section 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature _____  Print Name: _____  Title: _____  Telephone No.: _____                  Date: _____		
Federal Use Only:			Authorized for Local Reproduction Standard Form - LLL		

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

## REQUEST FOR AUTHORIZATION TO SUBCONTRACT

New <input type="checkbox"/>	Private Non-profit <input type="checkbox"/>	<input type="checkbox"/> Budget Year 1 ~ FFY _____
Renewal <input type="checkbox"/>	Government <input type="checkbox"/>	<input type="checkbox"/> Budget Year 2 ~ FFY _____
Amended <input type="checkbox"/>		<input type="checkbox"/> Budget Year 3 ~ FFY _____

### I. Contractor Information

Legal Name (Local Agency):			
Mailing/Street Address:			
City:		State:	Zip:
Contract Number:	Contract Amount:	Contract Term:	
	\$		
Local Agency Contact Person:		Phone Number:	Fax Number:

### II. Subcontractor Information

Legal Name of Subcontractor:			
Mailing/Street Address:			
City:		State:	Zip:
Subcontract Term:	Subcontract Amount:	Federal Taxpayer I.D. #:	
	\$		
Brief statement of proposed subcontract services:			

**By signing this form, subcontractor agrees to all terms and conditions of the contract entered into by the Contractor with the State of California.**

Subcontractor Signature	Date
-------------------------	------

**By signing this form, Contractor certifies that all requirements are included in this request to subcontract.**

Contractor (WIC Director)	Date
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### State WIC Branch Use Only

Regional Advisor (Signature)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date
Unit Chief (Signature)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date
Contract Analyst (Signature)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date

## REQUEST FOR AUTHORIZATION TO SUBCONTRACT INSTRUCTIONS

Complete this form when requesting authorization to enter into a **new** subcontract agreement, or for the **renewal** of a subcontract agreement.

The purpose of this form is to ensure the appropriate documentation and provisions have been incorporated/attached to the subcontract.

This "Request for Authorization to Subcontract" form must be completed and approved by the State WIC Branch **prior** to a request for reimbursement of subcontract expenditures.

Mail the original and one (1) legible copy to:

WIC Supplemental Nutrition Branch  
Attn: Regional Advisor  
Local Agency Support Unit  
3901 Lennane Drive  
Sacramento, CA 95834

### **Subcontract Requirements**

1. If the subcontract total is \$50,000 or more, the subcontractor's "Budget Worksheet" for Line Items 1 and 4 must be submitted to the State WIC Branch.
2. This form must be attached to the Contractor's cover letter and justification requesting formal authorization to enter into a subcontract. The justification must meet the following requirements:
  - A justification of the need to subcontract;
  - An analysis of the cost benefits for entering into a subcontract;
  - The basis for determining reasonableness of the cost, rate of pay, etc.;
  - A detailed Scope of Work to be performed by the subcontractor that is consistent with the Contractor's Scope of Work;
  - Include State required provisions as specified in Exhibit D(F) of the Contractor's agreement; and
  - Any other terms and conditions required by the Contractor to ensure the subcontract is a legally binding document.
3. The start date must be the same or after the Contractor's agreement with the State. The end date must be the same, or before the ending term date of the Contractor's agreement with the State. (The subcontract term cannot exceed the Contractor's agreement term with the State.)
4. The subcontract amount must be less than the amount of the Contractor's agreement with the State.
5. The Contractor's method for awarding to the subcontractor must be documented and available for review upon request by the State.

Refer to the Contract Management Binder, Chapter 7 for detailed instructions.